Company Tracking Number: SM AR 2010 SEL GRIEVANCE

TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010

Product Name: SM AR 2010 SEL Grievance
Project Name/Number: SM AR 2010 SEL Grievance/

Filing at a Glance

Company: State Mutual Insurance Company

Product Name: SM AR 2010 SEL Grievance SERFF Tr Num: IASL-127096580 State: Arkansas TOI: MS09 Medicare Supplement - Other 2010 SERFF Status: Closed-Accepted State Tr Num: 48348

For Informational Purposes

Sub-TOI: MS09.000 Medicare Supplement Co Tr Num: SM AR 2010 SEL State Status: Filed-Closed

Other 2010 GRIEVANCE

Filing Type: Form Reviewer(s): Stephanie Fowler

Author: Beth Clark Disposition Date: 04/01/2011

Date Submitted: 03/28/2011 Disposition Status: Accepted For

Informational Purposes

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: SM AR 2010 SEL Grievance Status of Filing in Domicile: Pending

Project Number:

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Overall Rate Impact: Filing Status Changed: 04/01/2011
State Status Changed: 04/01/2011

Deemer Date: Created By: Beth Clark

Submitted By: Beth Clark Corresponding Filing Tracking Number:

Filing Description:

In accordance with your state's Medicare Select regulations, Insurance Administrative Solutions, LLC is providing you with the annual Medicare SELECT Grievance Report, due March 31.

Company and Contact

Filing Contact Information

Beth Clark, Compliance Analyst beth.clark@iasadmin.com

8545 126th Avenue North 727-584-0007 [Phone] 2169 [Ext]

Suite 200 727-584-5613 [FAX]

Company Tracking Number: SM AR 2010 SEL GRIEVANCE

TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010

Product Name: SM AR 2010 SEL Grievance
Project Name/Number: SM AR 2010 SEL Grievance/

Largo, FL 33773-1502

Filing Company Information

(This filing was made by a third party - insuranceadministrative solutions)

State Mutual Insurance Company CoCode: 69132 State of Domicile: Georgia

One State Mutual Drive Group Code: 986 Company Type:

Rome, GA 30165 Group Name: State ID Number:

(706) 291-1054 ext. [Phone] FEIN Number: 58-1449898

Filing Fees

Fee Required? No Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

State Mutual Insurance Company \$0.00 03/28/2011

 SERFF Tracking Number:
 IASL-127096580
 State:
 Arkansas

 Filing Company:
 State Mutual Insurance Company
 State Tracking Number:
 48348

Company Tracking Number: SM AR 2010 SEL GRIEVANCE

TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010

Product Name: SM AR 2010 SEL Grievance
Project Name/Number: SM AR 2010 SEL Grievance/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted Fo	r Stephanie Fowler	04/01/2011	04/01/2011
Informational			
Purposes			

Company Tracking Number: SM AR 2010 SEL GRIEVANCE

TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010

Product Name: SM AR 2010 SEL Grievance
Project Name/Number: SM AR 2010 SEL Grievance/

Disposition

Disposition Date: 04/01/2011

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

 SERFF Tracking Number:
 IASL-127096580
 State:
 Arkansas

 Filing Company:
 State Mutual Insurance Company
 State Tracking Number:
 48348

Company Tracking Number: SM AR 2010 SEL GRIEVANCE

TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010

Product Name: SM AR 2010 SEL Grievance
Project Name/Number: SM AR 2010 SEL Grievance/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Letter of Authorization	Accepted for	Yes
		Informational Purposes	3
Supporting Document	Medicare Select Grievance Report	Accepted for	Yes

Informational Purposes

Company Tracking Number: SM AR 2010 SEL GRIEVANCE

TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010

Product Name: SM AR 2010 SEL Grievance
Project Name/Number: SM AR 2010 SEL Grievance/

Supporting Document Schedules

Item Status: Status

Date:

Bypassed - Item: Flesch Certification
Bypass Reason: Not Applicable

Comments:

Item Status: Status

Date:

Bypass Reason: Application

Not Applicable

Comments:

Item Status: Status

Date:

Bypassed - Item: Health - Actuarial Justification

Bypass Reason: Not Applicable

Comments:

Item Status: Status

Date:

Bypassed - Item: Outline of Coverage

Bypass Reason: Not Applicable

Comments:

Item Status: Status

Date:

Satisfied - Item: Letter of Authorization Accepted for Informational 04/01/2011

Purposes

Comments:

Attachment:

2011 01 SM IAS Authorization Letter.pdf

Company Tracking Number: SM AR 2010 SEL GRIEVANCE

TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010

Product Name: SM AR 2010 SEL Grievance
Project Name/Number: SM AR 2010 SEL Grievance/

Item Status: Status

Date:

Satisfied - Item: Medicare Select Grievance Report Accepted for Informational 04/01/2011

Purposes

Comments:

Attachment:

Report.pdf



RICHARD H. BURTON VICE PRESIDENT AND CORPORATE COMPLIANCE OFFICER

January 19, 2011

Ms. Darcey Shaffer, FLMI, ACS Compliance Manager Insurance Administrative Solutions, L.L.C. 8545 126th Avenue North, Suite 200 Largo, Florida 33773-1502

Re: Life and Health Filings for Rate Increases, Forms and Reporting Requirements for State Mutual Insurance Company

Dear Ms. Shaffer:

This letter authorizes Insurance Administrative Solutions, L.L.C. to file on behalf of State Mutual Insurance Company, rate increases, forms and reporting requirements for the Company's Life and Health Insurance Policies with the State Insurance Departments.

Insurance Administrative Solutions, L.L.C. may correspond with the State Insurance Departments regarding any questions they may have concerning the filings.

A copy of this letter is as valid as the original. This authorization will be valid for twelve months from the date of this letter.

Sincerely,

Richard H. Burton rhburton@smrome.com

MEDICARE SELECT GRIEVANCES

FOR THE REPORTING YEAR 2010 DUE: MARCH 31 ANNUALLY

COMPANY NAME: State Mutual Insurance Company

8545 126th Avenue N, Suite 200

Largo, FL 33773-1502

NAIC: 69132

CONTACT PERSON Beth Clark, Compliance Analyst

877-777-2443, ext. 2169 beth.clark@iasadmin.com

Total Number of Grievances filed in calendar year 2010: 0

1. Provide a summary of the subject, nature and resolution of each grievance (above). Please list each one separately.